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14 EMAIL: swebb@dsoblaw.com

TO:

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RE:

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Application No. 09/691,008
Filed: 10/18/2000
Art Unit: 2661
Examiner: Robert W. Wilson
Inv.: Claton F. Clevenger
Docket No. 1322

MESSAGE Attached are the following:

1. Transmittal (one page);
2. Application Data Sheet (two pages)
2. Response to the Office Action dated May 3, 2004, (10 pages).

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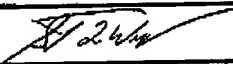
PTO/SB/21 (04-04)


Approved for use through 07/31/2008. OMB 0851-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/691,008; Confirmation No. 4517	
	Filing Date	10/18/2000	
	First Named Inventor	Claton F. Clevenger	
	Art Unit	2661	
	Examiner Name	Robert W. Wilson	
Total Number of Pages in This Submission	12	Attorney Docket Number	1322

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): APPLICATION DATA SHEET (2 PAGES)
Remarks It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 210765 for the required fees.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Steven L. Webb, Reg. 44,395	
Signature		
Date	7/8/04	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Laura S. Melblom		
Signature		Date	7/8/04

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